

Utah's Division of Child and Family Services

Eastern Region Report

Qualitative Case Review Findings

**Review Conducted
March 10-14, 2008**

A Report by

The Office of Services Review, Department of Human Services

Table of Contents

| | |
|--|-----------|
| I. Introduction | 2 |
| II. System Strengths | 2 |
| III. Stakeholder Observations..... | 4 |
| IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs | 8 |
| V. Recommendations for Practice Improvement | 34 |
| VI. Appendix..... | 38 |

I. Introduction

The Eastern Region Qualitative Case Review for FY 2008 was held the week of March 10-14, 2008. Reviewers representing the Office of Services Review, Division of Child and Family Services and community partners participated in the review. There were 24 cases pulled for the review, but only 23 cases were scored. In one of the cases that was to be reviewed, the target child returned to live with her biological sister and the reviewers were unable to have a face-to-face interview with her. She is eighteen years old and her transition out of DCFS custody to her sister's home happened very quickly. It was an out of state placement.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. System Strengths

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was compiled from an analysis of the strengths identified during the exit conference. Not every strength is noted. Each strength contributes to improved and more consistent outcomes for specific children and families.

STRENGTHS

Child and Family Teaming and Coordination

- Health care nurses were an integral part of the team. They provided great coordination, tracking and documentation of health care services.
- There was good coordination between DCFS and DSPD to provide services the child needed. Team members were empowered to communicate with each other directly.
- The team members went out of their way to draw the family members into the teaming process.
- The family engaged with the Tribe who then allowed custody to the foster family. The child cherished the relationships with the workers over the years in a long-term case.
- The team was good at sharing assessments and helping everyone on the team understand changes and underlying needs.
- The community partners for the family had a high investment in the family's success and really advocated for them.
- The family was engaged with the supervisor to keep the transition between the workers smooth.

Worker Professionalism

- Workers are skilled at looking “outside the box” for solutions.
- New workers are great at engaging families.
- The worker who was new to a case was able to pick up on a need that had been overlooked and advocated to help the foster parent maintain the placement and keep stability for the child.
- The staff is tremendously flexible working with the time constraints of the families.
- The caseworker was able to find a good match in locating a home for a child with special needs.
- Since there is a shortage of workers in the Region at this time, the administration is helping mentor workers when a supervisor is carrying a caseload.
- The support staff is part of the team and work hard to support the workers.

Planning Process

- Plans are adapted to address specific needs.
- The plan was one of the best-written, descriptive plans the reviewer had seen. It continually evolved and was updated.
- There were well written plans in the new template.
- There was good assessing of the team and understanding of underlying issues helped with the planning process.

III. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the Qualitative Case Reviews interview key community stakeholders such as birth families, youth, foster parents, providers, and representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Eastern Region were supported by a total of fourteen interviews. There were ten focus groups: DCFS caseworkers from five different offices, DCFS supervisors in three offices, the Region Executive Team, and the Quality Improvement Committee. There were also four individual interviews including a contract provider for domestic violence, a provider for children with disabilities, an assistant attorney general, and one acting supervisor.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Obviously, not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

The Eastern Region is unique in the fact that it is so diverse and spread out geographically. Caseworkers were interviewed in five different areas (Blanding, Moab, Castle Dale, Price, and Vernal). Some of their concerns and issues were specific to their area, but many were consistent throughout the region.

What are the Strengths?

- There is cohesiveness within each office between the workers. They reach out to help each other with cases and family issues.
- Most workers have a strong tie to the community. There is a sense of community identity and they are working to make it better.
- Creative problem solving is used throughout the region due to the issues they deal with. They are encouraged to think outside the box and are supported by administration.
- Some offices indicate that the atmosphere at work is improving and workers are happier.
- There is a new resource for domestic violence treatment. It is on the cutting edge and has great results. They are using it with some of their families and having great results.
- One office has clinical workers that not only help with the cases; they mentor and are great role models. They also help the workers process what is happening with the cases and support them in the emotional issues that can arise with difficult cases.
- Each office noted that the regional administration is a great support.
- There is always a focus on improvement and staying the course. An annual plan is in place to do quality work. One supervisor stated that the QCR is not an event it is a way of practice.
- There are more decisions made by the team on cases.

- The schools in Moab have a big brother and big sister program that is working well.
- Each office stated that support staff is “awesome.”
- One office stated that they have a diverse group with many different opinions, but they are all cohesive in caring about families and children. They stated that they could disagree and still maintain a relationship with each other. The different opinions and ways to look at families help make cases stronger.
- State Administration sent down people to assess what was happening in the region and help with team building. All the offices mentioned this as a positive thing.
- The offices all have a good relationship with the nurse. They communicate by e- mail and phone because of the distance needed to travel for face-to-face meetings.
- There is a good relationship with the Sheriffs Office and law enforcement.
- In one office the workers meet and exercise together. This has helped build the team and reduce stress.
- The Creative Intervention Plan is working great. Cases can stay open as long as needed and the program is keeping children out of state custody. This program works a little different in each office. In Moab referrals come through the school programs, in Blanding a worker recommends it. In the best situation, the Creative Intervention worker is on the team but does not lead the team. The worker is able to spend more time working with the family.
- Relationships with the tribes are growing and thriving. The Navajo Nation is spending their allotment doing their own QCR’s. The Ute Tribe continues to improve and the Ute Tribe and DCFS have joined funds to get a clinical person to work on the reservation. There is mutual respect.
- The Quality Improvement Committee has done a lot of things to improve the region. They have improved communication with DCFS, the schools, and the community. They work on recognition and incentives for caseworkers. They did a program called “Immersion,” which was very good. It helped the community understand DCFS and child welfare. They have helped raise money for programs.
- There is a meeting with legal and community partners held semi-annually called The Table of Six. Those attending include judges, probation officers, school personnel, law enforcement, DCFS workers, defense attorneys, Guardian ad Litem, and Assistant Attorneys General. This has helped communication.

What are the challenges or barriers?

- Every office and community partner had concerns about the low pay that caseworkers receive. It was noted that a new worker starts at the same pay as someone who has been there for ten years. One worker asked why they even used the step program in State jobs because no matter what you do there is never a step increase.
- The cost of living has really increased in the Eastern Region. This has affected not only the ability to keep caseworkers due to low pay, but it has impacted the child welfare system. Families are living in motels because they can’t afford housing. Families are very strapped for money and the service plans ask them to pay for assessments. Some are concerned families are required to do things they are unable to do.

- Every area has a shortage of foster homes. Because they do not have any place to put the children in their community, workers have to place children a long distance away. This makes it difficult for the families to maintain ties or have visits and makes teaming more difficult.
- Tests are ordered that families cannot afford. Several workers felt like their families are set up to fail. Temporary placements are needed for crisis situations.
- There is a shortage of mental health providers in each community.
- The new service plan is too long and too hard to read. Judges don't like it and families cannot understand it. Judges are requiring a one-page summary in place of the plan. There is no way to amend or change the plan as needed without having a team meeting and rewriting the entire plan. Even when a new plan is written, there is no way to get people off the plan that were once on it. Former foster parents and deceased family members are still coming up on plans.
- Traveling long distances is something that workers do on a daily basis. This is difficult because sometimes they are going into areas without phones. They cannot call and make appointments and workers can drive two hours one way and not find anyone home. One worker said her closest home visit was hours away.
- Because of having so many travel reimbursements and other issues, this region has been audited. The workers understand the need for audits and would like to comply with them; however, they feel like they were questioned over little things and not treated as professionals. They are having to document why they took a different route than mapquest, and if they don't ask for meal reimbursement they have to document why. The caseworkers are overworked and this is more time spent documenting. The workers feel like their supervisors don't approve anything that is not legitimate.
- Since so much time is spent on the road, it would be helpful to have laptops and also to have headsets so they could use the cell phone on long drives. A lot of time is spent on the road and they would like to have access to things to help them work more efficiently.
- In some areas of the region, someone from another office supervises workers. When there is a question, they go to a supervisor that can be reached. This has caused problems when one supervisor approves something such as doing a transport that will require some overtime, and then the supervisor approving the time sheet won't approve it. It would be helpful for the workers if the supervisors would respect one another's decisions.
- Every worker interviewed stated that they have to put in overtime to do their job. Sometimes this is due to long distances traveled, a shortage of workers in their office, or covering for a worker on medical leave. Some workers will not report their overtime because they get in trouble for doing it.
- Tribes have jurisdiction and sometimes it is difficult to get a response to concerns on the reservations. Sometimes a referral is called in several times. Often the Navajo Police respond faster than caseworkers on the reservations. The tribe also has a large turnover of workers. Some people feel like children are really being left at risk because we don't have jurisdiction and they do not have the manpower.
- Sometimes workers are in areas without phone coverage, which is a safety concern. The region is trying to remedy this with boosters on the phones.

- Worker turnover is an ongoing problem. Offices are short handed and sometimes supervisors have to carry cases because positions are not filled for months at a time. The different offices work well together trying to help cover cases for each other.
- In the past DCFS had “The Child Welfare Institute” where workers could get to know one another. At this time most workers don’t know other workers in their region outside of their own offices. It would be helpful to have opportunities to get to know other workers that could help them with concerns, ideas, etc.
- Performance Plans are not used as a tool in the careers of employees. A worker with an exceptional rating receives the same pay, bonuses, and opportunities as someone on probation or with an unsatisfactory rating.
- Many workers do not feel like they are treated as professionals. Often it is “the AG’s case” and the worker does what the attorney tells them to, even if the team disagrees. Many stated that the caseworkers are not empowered at all. One worker stated, “I don’t need a pat on the back, just trust me that I am doing my job.”
- Drugs, domestic violence and sex abuse are on the increase region wide, but resources are not increasing. The My Space page on the internet has created some problems, but the workers do not have access to it via State computers and do not know if their clients are following the service plan with regards to computer usage.
- Supervisors need more training. A really good caseworker is not necessarily a good supervisor.

If you could accomplish or change one thing, what would it be?

- The legal partners need to treat the caseworkers as professionals.
- The caseworkers would like to be able to do more prevention work.
- The services plan needs to be simplified.
- It would be great to have more resources, services and foster homes available in the region

IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs






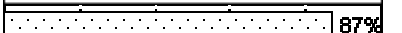
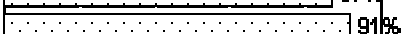
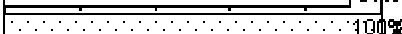
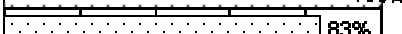
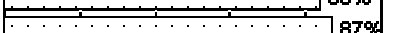
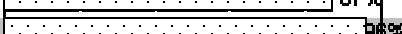
The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

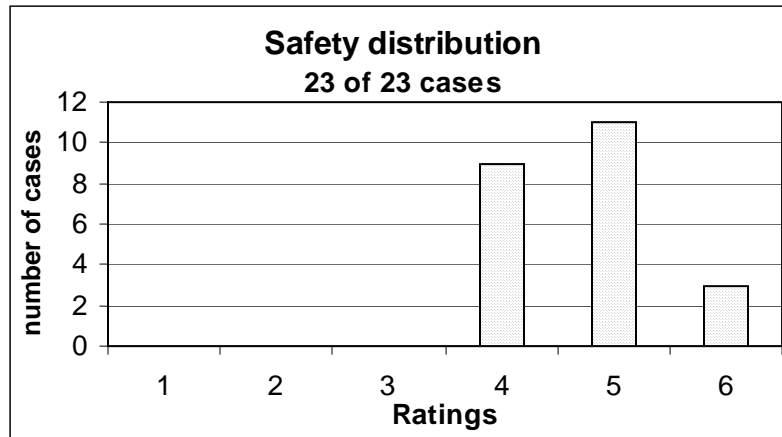
Overall Status

| Eastern Child Status | | | | | | | | | | |
|----------------------------|----------------|----------------|--|------|------|------|------|------|---------------------|-----------------|
| | # of cases (+) | # of cases (-) | Exit Criteria 85% on overall score | FY03 | FY04 | FY05 | FY06 | FY07 | FY08 Current Scores | Trends |
| Safety | 23 | 0 |  | 96% | 100% | 96% | 100% | 96% | 100% | Above Standards |
| Stability | 19 | 4 |  | 67% | 75% | 75% | 83% | 87% | 83% | |
| Approp. of Placement | 23 | 0 |  | 100% | 100% | 92% | 92% | 96% | 100% | |
| Prospects for Permanence | 15 | 8 |  | 58% | 63% | 75% | 63% | 61% | 65% | |
| Health/Physical Well-being | 23 | 0 |  | 96% | 100% | 100% | 100% | 100% | 100% | |
| Em./Beh. Well-being | 20 | 3 |  | 79% | 83% | 92% | 88% | 96% | 87% | |
| Learning Progress | 21 | 2 |  | 83% | 88% | 83% | 88% | 91% | 91% | |
| Caregiver Functioning | 15 | 0 |  | 100% | 100% | 100% | 100% | 94% | 100% | |
| Family Resourcefulness | 10 | 2 |  | 50% | 77% | 82% | 69% | 77% | 83% | |
| Satisfaction | 20 | 3 |  | 96% | 92% | 88% | 88% | 78% | 87% | |
| Overall Score | 22 | 1 |  | 96% | 100% | 92% | 100% | 96% | 96% | Above Standards |
| | | | 0% 20% 40% 60% 80% 100% | | | | | | | |

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

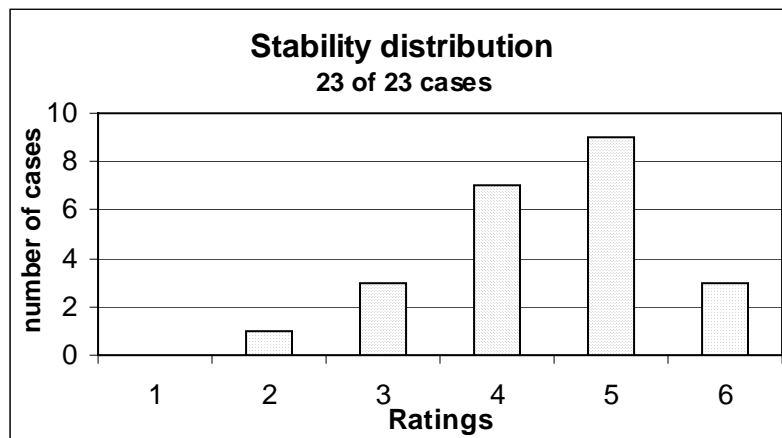
Findings: 100% of cases reviewed were within the acceptable range (4-6). This is up from last year's score of 96%. Every case reviewed was within the acceptable range.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

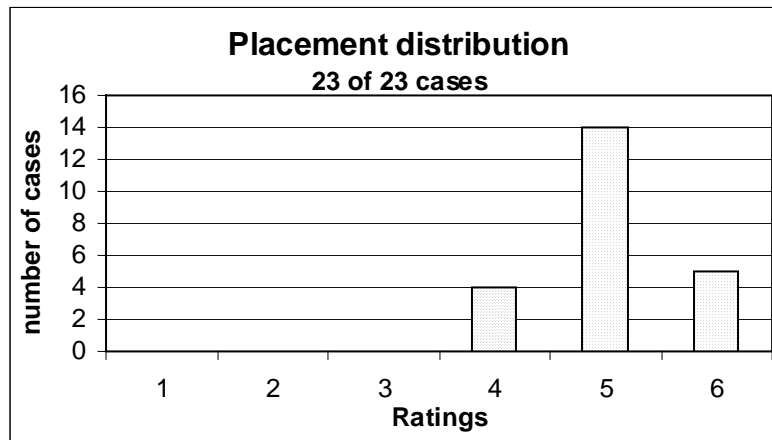
Findings: 83% of cases reviewed were in the acceptable range (4-6). This is down slightly from 87% last year.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, ability and peer group and consistent with the child's language and culture?

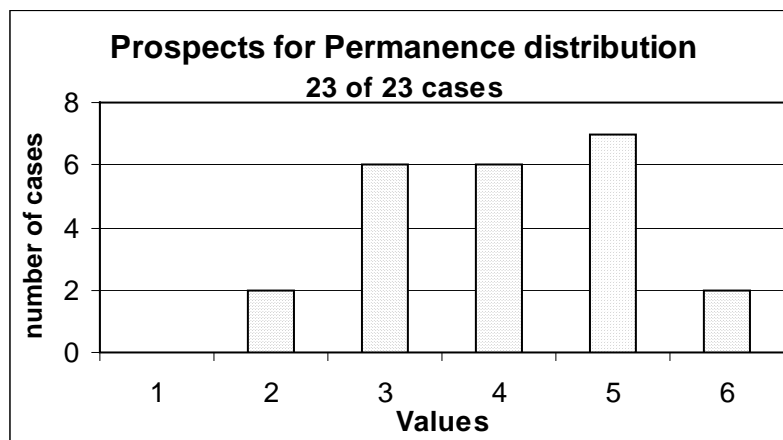
Findings: 100% of cases reviewed were in the acceptable range (4-6). This is up from 96% last year. As the distribution shows, Eastern region scored very well on Appropriateness of Placement.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

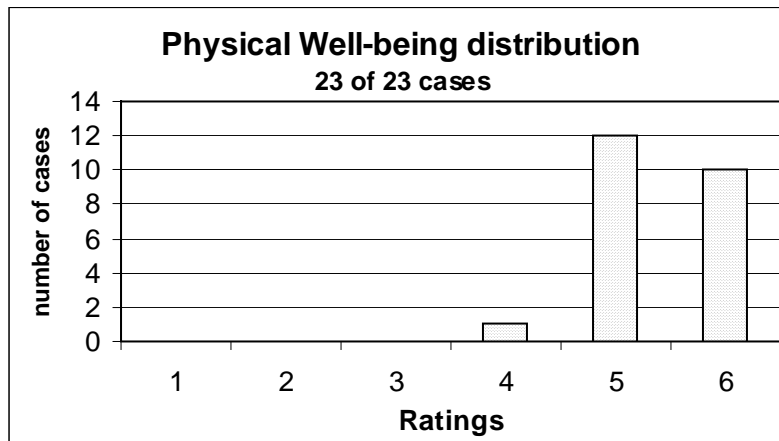
Findings: 65% of cases reviewed were within the acceptable range (4-6). This is up from last year's score of 61%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

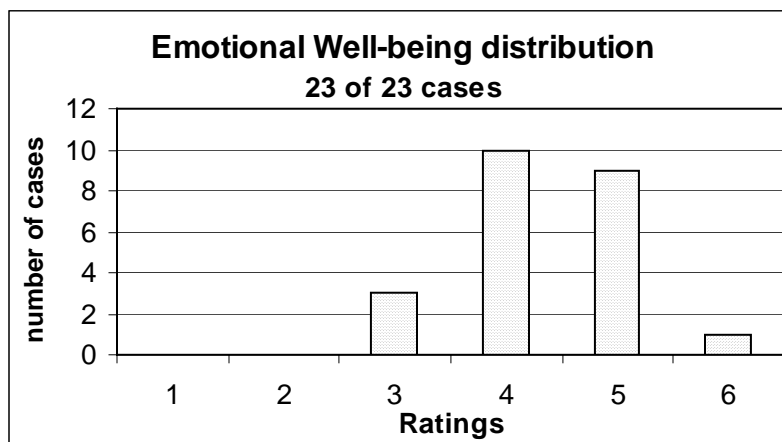
Findings: 100% of cases reviewed were within the acceptable range (4-6). For the past five years in a row all children have had acceptable health status.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 87% of cases reviewed were within the acceptable range (4-6). There were only three cases in the unacceptable range.

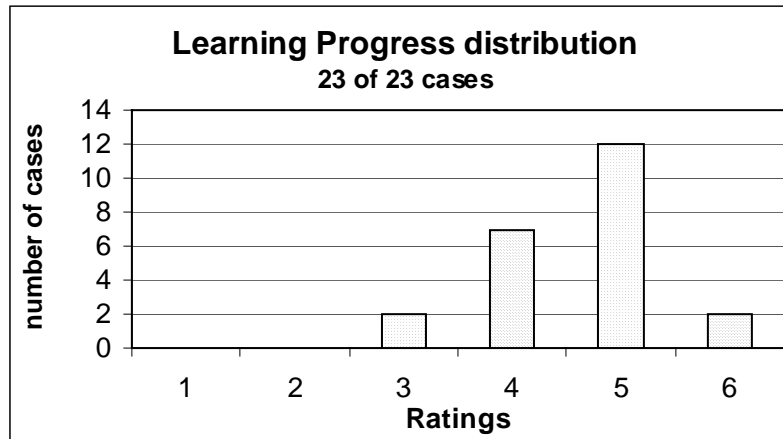


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

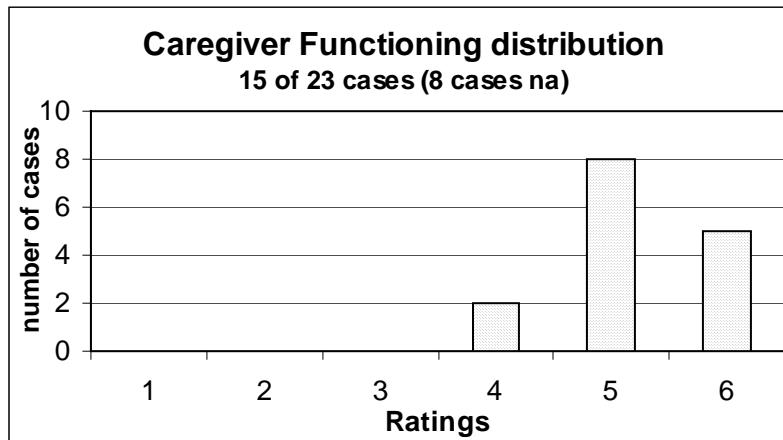
Findings: 91% of cases reviewed were within the acceptable range (4-6). This remains status quo from last year's score of 91%.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

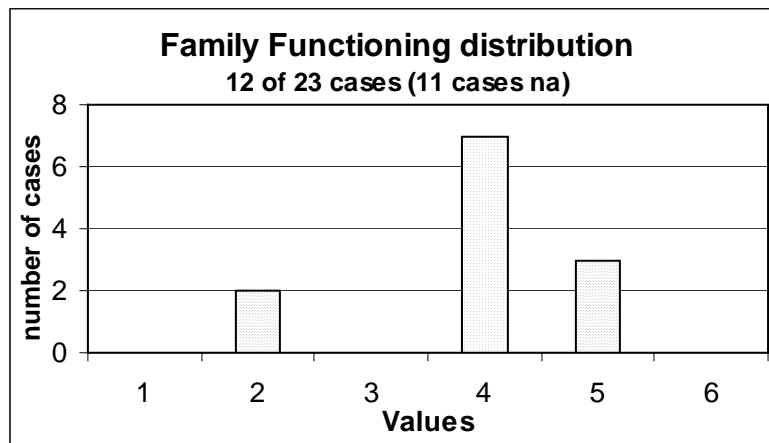
Findings: 100% of cases reviewed were within the acceptable range (4-6), and in all but two cases the child was receiving substantially adequate or optimal care giving.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

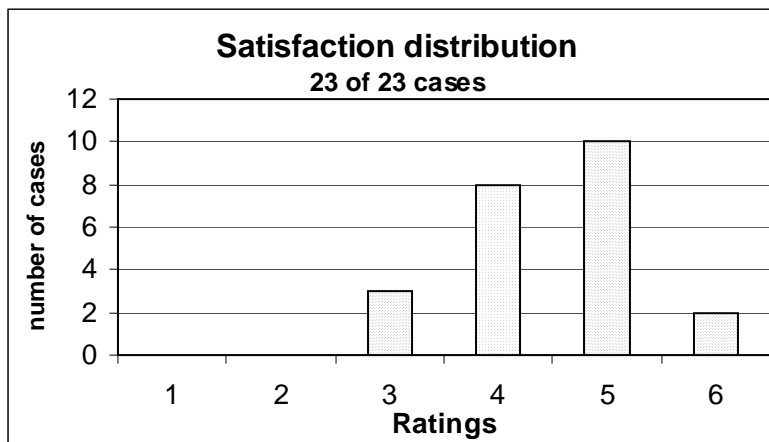
Findings: 83% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase from last year's score of 77%.



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

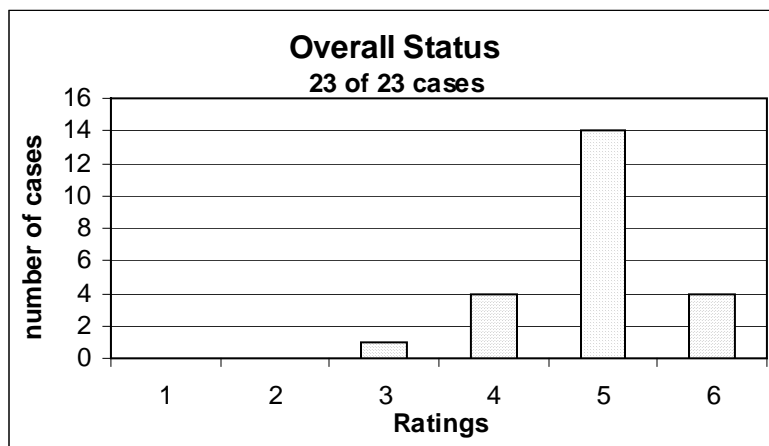
Findings: 87% of cases reviewed were within the acceptable range (4-6). This is an increase from 78% last year.



Overall Child and Family Status









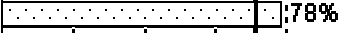



Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 96% of cases reviewed were within the acceptable range (4-6). There was only one unacceptable case on child status and eighteen of the twenty-three cases were substantially acceptable or optimal.



System Performance Indicators

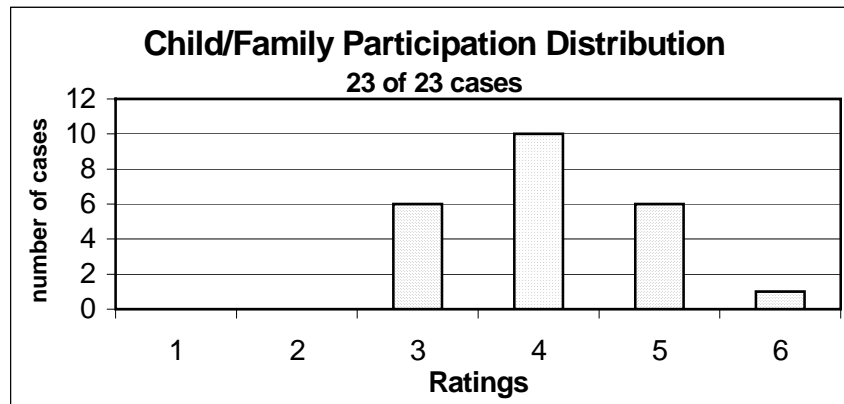
Overall System

| Eastern System Performance | | | | | | | | | | | | |
|----------------------------|----------------|----------------|--|--------------------------|------|------|------|------|--------------|-------------------------------|--|--|
| | # of cases (+) | # of cases (-) | Exit Criteria 70% on Shaded indicators | FY03 FY04 FY05 FY06 FY07 | | | | | FY08 Current | | | |
| | | | Exit Criteria 85% on overall score | | | | | | Scores | Trends | | |
| C&F Team/Coordination | 15 | 8 |  | 75% | 75% | 79% | 75% | 74% | 65% | Decreased and below standard | | |
| C&F Assessment | 13 | 10 |  | 58% | 38% | 63% | 50% | 65% | 57% | Marked decline in performance | | |
| Long-term View | 15 | 8 |  | 50% | 50% | 63% | 54% | 65% | 65% | Status Quo and below standard | | |
| C&F Planning Process | 20 | 3 |  | 58% | 71% | 71% | 83% | 83% | 87% | Above standards | | |
| Plan Implementation | 22 | 1 |  | 79% | 79% | 92% | 92% | 100% | 96% | Decreased but above standards | | |
| Tracking & Adaptation | 18 | 5 |  | 83% | 71% | 88% | 88% | 78% | 78% | Above standards | | |
| C&F Participation | 17 | 6 |  | 83% | 83% | 79% | 92% | 83% | 74% | | | |
| Formal/Informal Supports | 22 | 1 |  | 83% | 79% | 88% | 96% | 96% | 96% | | | |
| Successful Transitions | 13 | 7 |  | 54% | 83% | 65% | 81% | 85% | 65% | | | |
| Effective Results | 18 | 5 |  | 79% | 83% | 88% | 100% | 87% | 78% | | | |
| Caregiver Support | 14 | 1 |  | 90% | 100% | 100% | 100% | 94% | 93% | | | |
| Overall Score | 18 | 5 |  | 71% | 83% | 92% | 88% | 83% | 78% | Decreased and below standard | | |
| | | | 0% 20% 40% 60% 80% 100% | | | | | | | | | |

Child/Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

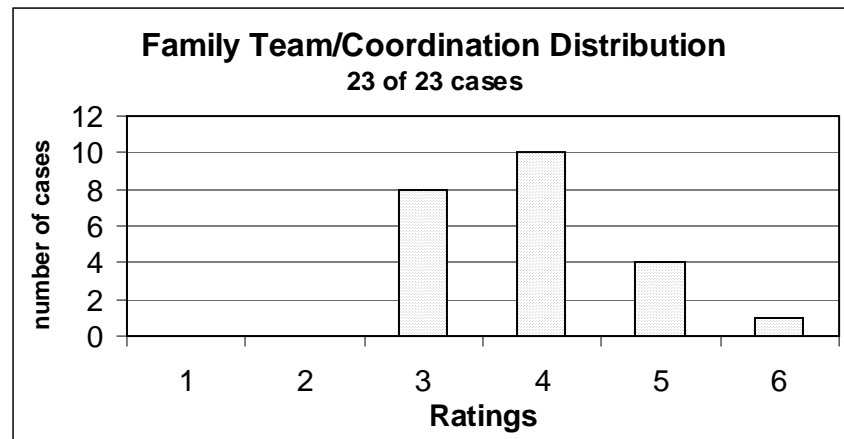
Findings: 74% of cases reviewed were within the acceptable range (4-6). This dropped from last year's score of 83%.



Child/Family Team and Team Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

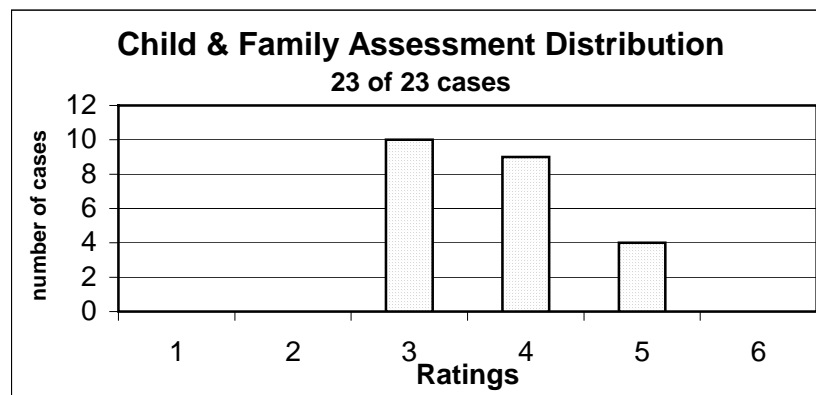
Findings: 65% of cases reviewed were within the acceptable range (4-6). This is down from 74% last year and is below standard.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

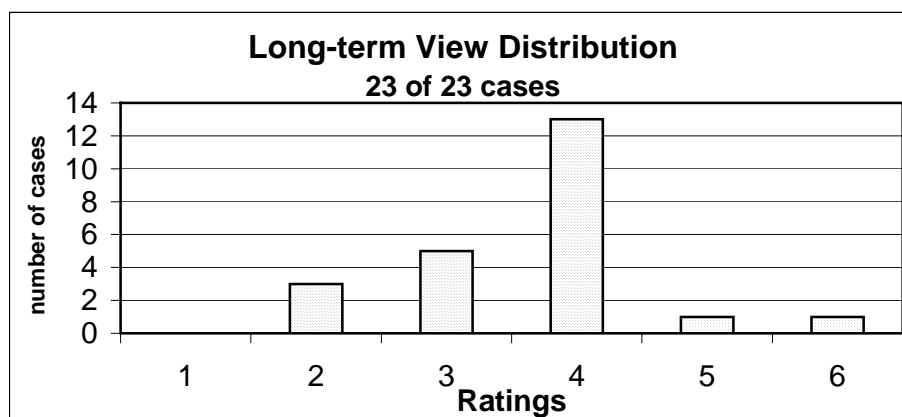
Findings: 57% of cases reviewed were within the acceptable range (4-6). This is down from last year’s score of 65% and is a marked decline in performance.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

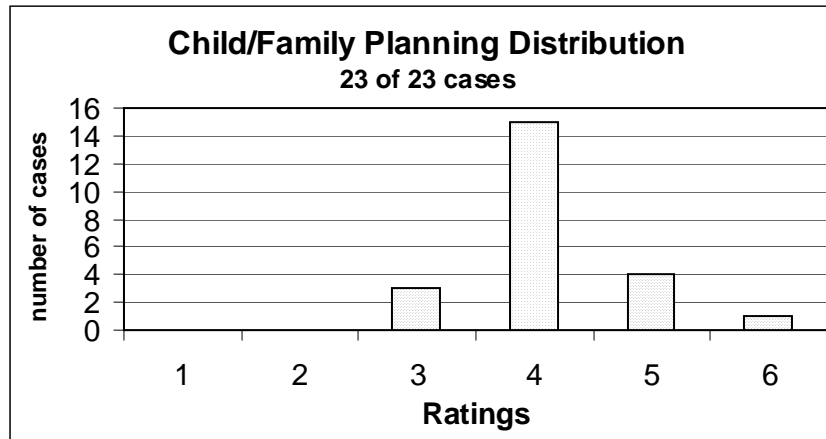
Findings: 65% of the cases reviewed were within the acceptable range (4-6). This indicator is the same as last year’s score and is below standard.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

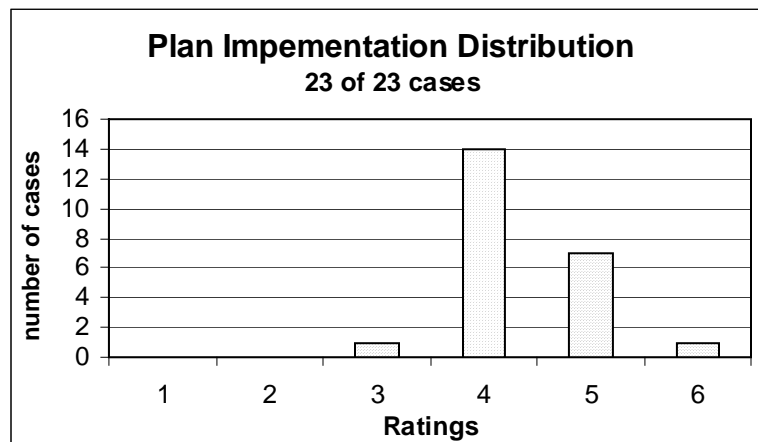
Findings: 87% of cases reviewed were within the acceptable range (4-6). This increased from 83% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

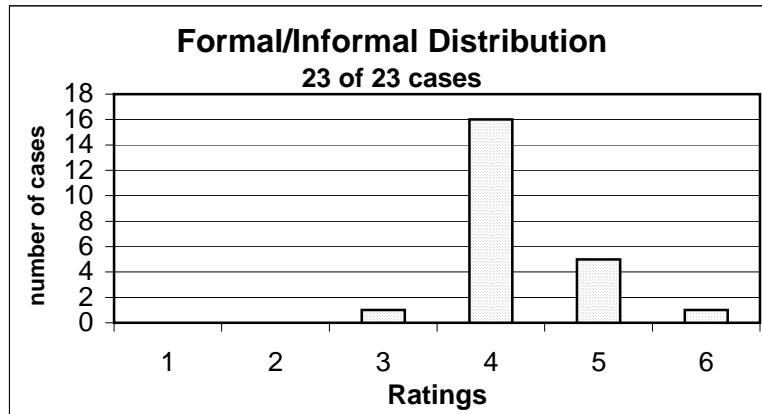
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is a slight drop from 100% last year, but well above standard.



Formal/Informal Supports

Summative Questions: Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

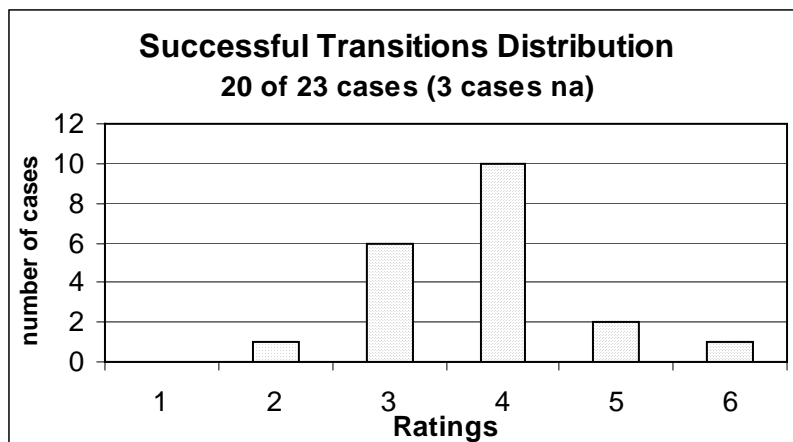
Findings: 96% of cases reviewed were within the acceptable range (4-6), the same as the high mark of 96% achieved last year on this indicator.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

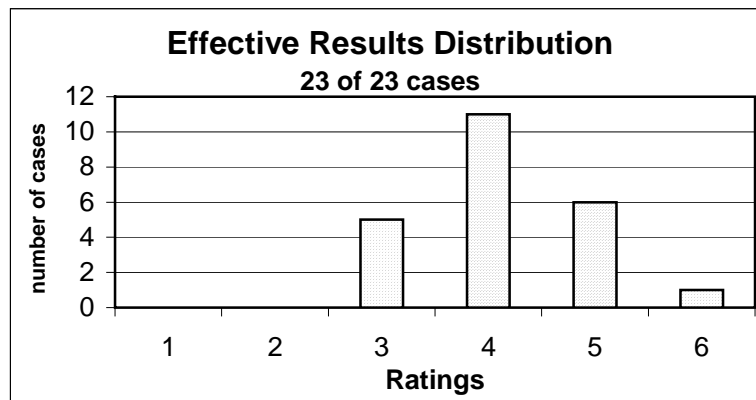
Findings: 65% of cases reviewed were within the acceptable range (4-6). This is a drop from last year's score of 85%.



Effective Results

Summative Questions: Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

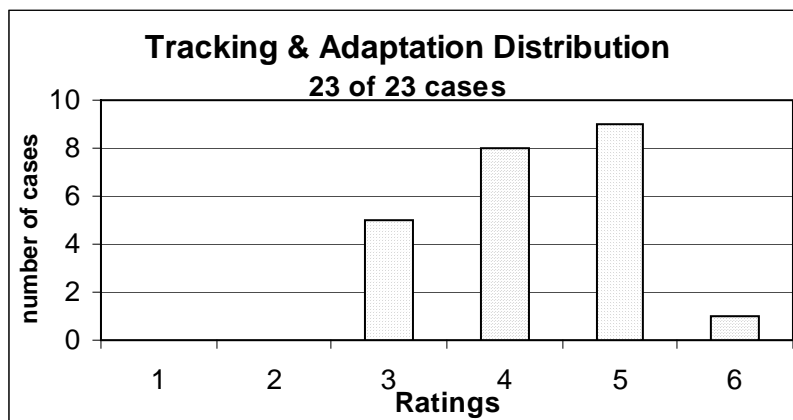
Findings: 78% of cases reviewed were within the acceptable range (4-6), down somewhat from last year's score of 87%.



Tracking and Adaptation

Summative Questions: Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

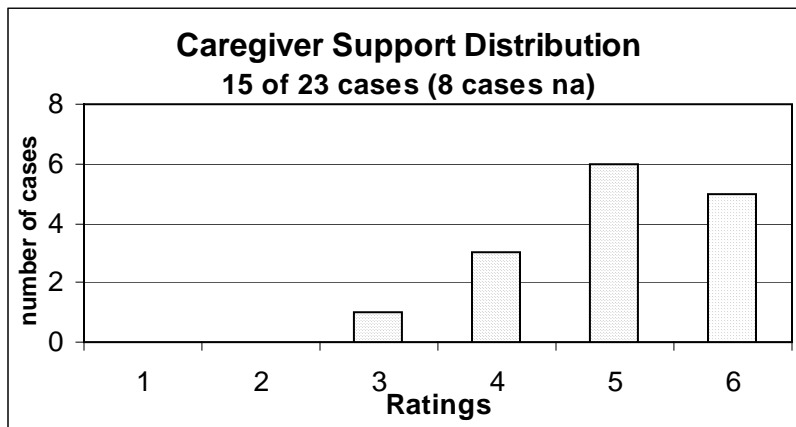
Findings: 78% of cases reviewed were within the acceptable range (4-6). This is the same as last years score of 78% and is above standard.



Caregiver Support

Summative Questions: Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

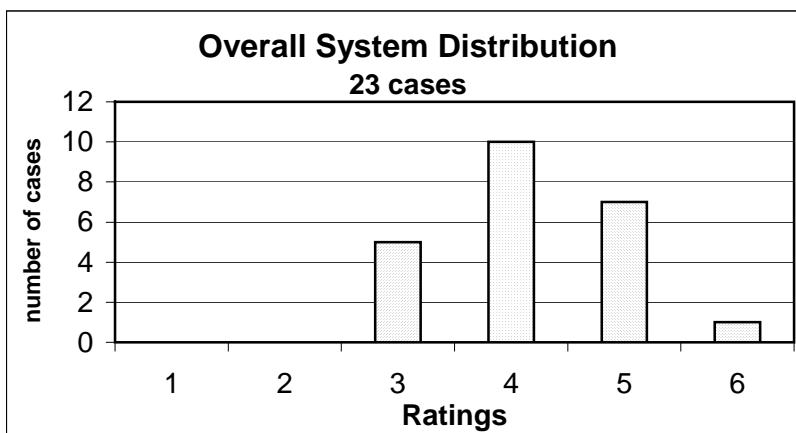
Findings: 93% of cases reviewed were in the acceptable range (4-6).



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 78% of cases reviewed were within the acceptable range (4-6). This score has dropped from 83% and is below standard.



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question, "Based on current DCFS involvement for this child, family, and caregiver, is the child's and family's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period. " Of the cases reviewed, 30% (7 cases) were anticipated to be unchanged, 4% (1 case) was expected to decline or deteriorate, and 66% (15 cases) were expected to improve.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. All twenty-three cases had an acceptable overall child status and eighteen cases had an acceptable overall System Performance. These results are admirable for child status.

| | Favorable Status of Child | Unfavorable Status of Child | |
|---------------------------------|--|--|-------|
| | Outcome 1 | Outcome 2 | |
| Acceptable System Performance | Good status for the child, agency services presently acceptable. n=18 78.3% | Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=0 0.0% | 78.3% |
| Unacceptable System Performance | Good status for the child, agency Mixed or presently unacceptable. n=4 17.4% | Poor status for the child, agency presently unacceptable. n=1 4.3% | 21.7% |
| | 95.7% | 4.3% | |

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Eastern Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 100% in the current review, up from 96% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. All of the cases reviewed scored acceptable for safety.

One example of safety was due to tracking and monitoring the placement to keep the child in a safe environment. The team worked together to create a strong safety plan for the child so that the child could remain home.

[Target child] is currently living in her mother's home where any risks of harm are being managed. The caseworker and child and family team have done a good job of identifying any child vulnerabilities and or possible risks of harm and they have addressed these in a prompt manner. The child and family plan is thorough in identifying concerns and it is modified regularly to address the most recent situation. Mom has demonstrated through regular random drug testing that she remains drug and alcohol free. Adults, boyfriends, siblings, and cousins that live in the home or have contact with the children are assessed and added to the child and family plan to ensure that there are no drug or alcohol abusers in the home where the children reside. The Judge has also ordered that [target child] not participate in relationships with boys more than two years older than her... [Target child] appears to be free from any intimidations or threats of harm at school or in the community. She appears to be a happy and well-adjusted 16 year old that does not present to be a threat to herself or others.

None of the cases received an unacceptable score on safety. In one of the cases that received a minimal score on safety, the child is in a very safe environment. The residential placement has been able to really get to know him and is able to keep him safe from others and himself. Safety is minimal at this time because of his behaviors toward others. The following excerpt from the case explains this finding.

[Target child] is around six feet tall and close to 275 pounds. [Target child] has really started to discover his size and uses that to intimidate others by “posturing” and has put others in headlocks, etc. The biggest concern was presented to us by the therapist who stated that [target child] has no impulse control and will act out even knowing the consequences of the behavior. So, if he was given the opportunity to perpetrate or if he became upset and staff was not present, he would most likely harm others living in the facility. This will continue to be an issue until [target child] can take ownership of his therapy and can implement what he has learned about appropriate/inappropriate boundaries and relationships. As long as [target child] is with his current provider or another placement where he will be closely supervised, his risk to others will remain minimal.

Stability

Stability is an important indicator of well being for children, especially for those in foster care. The Region’s performance on this indicator declined slightly from 87% last year to 83% in the sample of cases represented in the current review.

The region’s attention to maintaining important connections for a child led to a substantial stability score in the following case. The team worked together to keep consistency in the life of a child and to provide a stable network around her, which did not change for several years. This has helped her succeed in a difficult situation.

Stability is strong for [target child]. She has been in the same home for over six years. [Target child] has had the same tracker, schoolteacher, friends, and church supports in her life. These will continue on. The only changes coming in the next year are more mainstream classes in the same school and transitioning out of DCFS custody as an adult. This ability to maintain consistency has given her a strong and stable support system, which has helped her in dealing with difficult situations.

An unacceptable stability situation was described in another case story. The child has had many changes in placements, schools, relationships, and contact with family. The underlying concerns are not addressed, which creates a concern for future losses.

The child currently resides in a foster home that she has been placed in three other times. Stability is a main concern for many team members. The foster parents are striving to provide the needed structure to the child; however, there are team members who are

unsure if the placement will maintain. There are needs identified for both the child and the foster parents. In the last year, the child has had six placements (three times in detention and two times with this foster home and one time in residential treatment). These multiple placement changes have affected not only placement but also schooling. Within the next year, various team members believe that the child could be in a number of different situations. This could change schooling, placement and even custody issues. The child reports that anything that lessens contact with the grandmother will cause problems for her. The child appears singly focused on being with family regardless of case planning, placement or court orders. Furthermore, it is reported that the grandmother's health is so poor that she "may die at anytime" and that this will seriously affect the stability and behaviors of the child. While it is reported by the team that many of the child's behaviors are driven by her grief and loss of family (especially her grandmother) and she ran away to family in [City], there appear to be few services implemented or discussed (outside of visitation when grandmother is in the area) to address these underlying issues.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator rose from 61% last year to 65% in the current QCR sample. Permanency has been a challenging indicator for the Region for the past several years.

The following excerpt is an excellent example of achieving optimal permanency for a child. This is a case where the child had twelve placements over a five-year period. The child had a lot of issues and distrust for the system, but a team came together with a solid plan and worked another three years to address the needs and achieve permanency in a very difficult case.

After spending the Christmas of 2004 with his sister and her foster parents, [target child] asked that he be allowed to live in their home. Arrangements were made and he was allowed to move into his current home. The family and [target child] report that they have had to address some difficult situations over the past three years but now feel that their work was well worth the effort. The foster parents report that he is their son and will always be a part of the family. [Target child], too, identifies his guardians as his family.

In February, preceding the review, [target child's] foster parents were granted Custody and Guardianship legalizing his permanency. Due to the legal status of his permanency, the reports by both [target child] and the family that they have worked through some problems and know that they will be able to work through any problem, and because of the depth of the relationship observed between [target child] and both of his foster parents the reviewers believe that Permanence is optimal....[Target child], when asked the "Miracle Question" responded, "I'd be able to continue to live in this home, my mom would be out of jail and able to care for my younger brother and sister, and my older brother would live with my mom and help her care for the kids." Of everything he could ask for himself it was to remain in his current home and family.

In another case with an unacceptable permanency score, the team never came together with a permanency plan and steps to meet that goal. There wasn't coordination with the ongoing

assessments. Team members were working in completely different directions to the point that the permanency goal is unknown.

Prospects for Permanence was unacceptable. At this time [target child] is placed with a foster parent who is willing to adopt if the parents are unable to have custody restored to them. However, the parents have participated in the treatment plan and completed those things that they were asked to complete. Initially, the parents were told that it would be best for [target child] to remain in DCFS custody so that her substantial medical needs could be met. Parents report that they only just received information that indicated DCFS was going to be filing a petition to terminate their rights. [Target child's sister] continues in her parents' care and also has some developmental delays; therefore, there is a question as to the basis for termination. Early Intervention also reports that they have worked with the family since they arrived in [City] over a year ago and that they have no concerns about the parents' ability to appropriately provide care for their children. It seems that team members have differing opinions about this child's prospect for permanence and where it can be achieved. The child status is currently temporary and there is uncertainty about reunification.

There were other cases where members of the team all had a different opinion of what the permanency should be. Permanency was not stated clearly in the plan. In one of the cases, some team members thought the child was going back to kin, others thought he should stay in DCFS custody until age 18 so he could receive Transition to Adult Living Services. Some thought the child should stay in custody past the age of 18, and others thought Custody and Guardianship should be explored more. Some cases needed clear, concise, updated concrete plans for permanency.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator increased from 77% last year to 83% in the current review.

There were some cases where the families reached out and found resources on their own. In some of the cases the parents have worked hard and internalized what they have learned. They not only completed the requirements on the plan but also changed their life. This is evident in the following case story example.

The mother completed a parenting course and she has demonstrated improved awareness and disciplining of her children. She is now available physically and emotionally for her children. Prior to DCFS involvement it was said that she would at times be more of a friend to [target child] than a parent. At this time, mom is encouraging [target child] to become involved in creating an Alateen support group (a support group for teenagers who have been affected by someone else's drinking) in [City]. Mom has adequate wealth to support her family, due to receiving a large financial settlement. Mom works part time as a requirement of the drug court. Mom is also employed by her ex-husband to work in the seismographic industry on a seasonal basis. Mom has been observed keeping a clean

and organized home. She attributes her success to better structure and a more routine schedule.

There were other cases where the team made services available to the family. They worked to help clients meet their needs and tried to empower them to reach out to formal and informal resources, but some families chose not to use the help offered and became very distrustful.

Parents are not ready to take control of their situation. It is not clear, however, whether it is lack of communication with DCFS or due to lower functioning of parents or both. After Mother received a letter indicating that the agency was going to file for termination of parental rights, Mother attempted to call a child and family team meeting and the agency denied the request. Mother then contacted Early Intervention for support. Following this situation, Mother and Father became very distrustful of DCFS. The family remains isolated from supports and indicates that their supports are the Early Intervention people. Although Early Intervention has a long history with this family, the interagency relationship and communication issues have caused this family to become distrustful of reunification efforts. There does not seem to be a plan to make efforts to improve the situation.

System Performance

Child and Family Team/Coordination

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance dropped from 74% to 65%. This score decreased and is below standard.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review. In this example the caseworker worked to create a complete team and went the extra mile to access people who had an impact on the family. The team met often and adapted as the case progressed as noted in this example.

During the team meetings, the planning of services was completed. The biological grandmother was present for team meetings. The suspected biological father was not listed on the birth certificate, and did not establish paternity. However, the worker attempted to engage this person in the Child and Family Team. The suspected father and his extended family were invited. The suspected father was in prison for a portion of this case, and the DCFS caseworker went to the prison to engage the father in services.

The Child and Family team contained all of the important people in the family's life. The formal supports were the mother's substance abuse counselor, the foster parents, the caseworker, the AG and GAL, and the caseworker's supervisor. The mother did not have a lot of family support in her life... The coordination between team members appeared to have a single point of contact, with that being the caseworker. As the team progressed, it appeared that the point of contact was transitioned to the adoptive parents. The team

reported that they met frequently and that all of the issues within the case were reviewed in those meetings. The Child and Family Team Meeting minute notes indicate that the team was very supportive and honest with the biological mother about the requirements for reunification. The team shared the common view of reunification, and readily transitioned into adoption when the mother relinquished her parental rights

In several of the unacceptable cases the teams were very limited or not yet developed. There was a direct correlation between how a case was progressing and the teaming that was being done. The following example illustrates how a team was not complete and missing important people in the case. There was no coordination between the formal supports working with the family.

To date, the membership has been limited to informal supports and the caseworker, and on occasion the supervisor. The development of a complete team is still in the initial phase. There are potential members of an emerging team. The school provided a wide array of supports for [target child]. These included [target child's] classroom teacher, the coordinator of [the after school homework program], the Federal Grant program that supports Native American Culture, the Foster Grandmother- a classroom tutoring program. Another potential member is the Federal Adult Probation and Parole Officer. He indicated that it was too early at this point, but once the sentencing is imposed by the court he would be willing to participate in the team and could meld the probation plan with the DCFS case plan. The therapist is just now becoming involved in the case. At this point the "potential" team members report having a limited understanding of what is happening in the case. Most are aware that the family is involved with DCFS and have some varying degrees of understanding about the circumstances. Most report that what they do know comes from observations, speculation, rumor, or is limited to the information shared by individual family members. Most members do not know where things are going or what is being worked on, nor do they know what they can do to support the plan or family. Most were willing to be a part of the team and expressed that being part of the team would probably be beneficial.

Child and Family Assessment

The child and family assessment indicator dropped from 65% last year to 57% in the current review. The following example illustrates how good assessments led to improved outcomes for one child. Members of the team were able to identify patterns of behavior and learned what the underlying needs were for the target child. The assessments were updated regularly and shared with the team.

There are good formal and informal assessments. Everyone on the team had the same understanding of not only what [target child] needed to work on but they were aware of the underlying concerns that were driving the case. [Target child] has an IQ of 82, which is too high for many services; however, she will need supervision and support around her throughout her life. The team is aware of the connection she has with her birth mother. There are continual assessments not only for [target child] but what her mother needs also. The team agrees there will be contact after [target child] is an adult and they are working to make it a healthy relationship. The school continually assesses her progress both academically and socially. They monitor her progress as she changes into mainstream classes. She has mental health assessments, physical assessments, and was

assessed after her sexual activity three years ago to determine if she was at risk. These assessments were used in creating her service plan and in helping her set goals for the future.

There is a marked decline in the Child and Family Assessment scores from last year. There are concerns of assessments missing, assessments not completed and information from assessments not shared with the team members. This case showed the confusion and lack of service provided by the team when the child and family assessment is not updated or complete.

The Child and Family Assessment is lacking in formal assessment information. There is no mental health assessment on the father. There is no substance abuse assessment on the father although it has been recently reported as completed. There is no Domestic Violence assessment on the father and has yet to be initiated by the father.

The formal mental health assessments on the children are in the file but are underpowered. The therapist who is now working with the family questions whether the individual assessments are comprehensive. The therapist is working to expand the existing assessment but has yet to formulate a working assessment. It is expected that a more thorough formal assessment will be completed soon. There are also questions about how the children are impacted by past events. Some evaluations suggest that [target child] suffers from various past emotional traumas. Some of these traumas are listed as: [target child's] mother's death, [target child's] questions about whether her now departed mother loved her, domestic disputes between her father and his paramour, and possible abusive conditions by [target child's] father's paramour and her children.

There is a connection between a good ongoing assessment and how the case is doing. One case stated that when the child came into custody she had very little schooling. She was turning eighteen and had only three credits toward a high school diploma. There was never an assessment done for learning disabilities, which could have given her more options and helped her to graduate. There were other cases with no educational testing done, even though team members felt it was needed. Some cases felt the assessments done were underpowered and did not address the underlying needs of the family. In some cases the assessments were not shared among the team members, which created duplicated efforts and lack of coordination of services.

Long-Term View

The long-term view indicator remained status quo at 65% in the current review. The long-term view is something the region has struggled with. It has been below standard the last six years. The importance and usefulness of an acceptable long-term view was clear in a case story example. There were specific realistic goals that were set by the target child. The team all knew what the goals were and worked toward them.

It is important to mention that the assessment, planning process and plan implementation all followed, at least for the past three years, the vision of [target child's] long-term view. Everyone on the team knew that [target child] wanted to live in a stable and permanent home free from DCFS involvement. In his words, he wanted to be a "regular kid." There were no grandiose dreams, no fantasy expectations, [target child] wants to grow up like

a normal kid, complete school, maybe go on to some post high school education and become a plumber. And everyone on the team knew that that was his future. His foster dad was allowing him to work on the farm around mechanics, his school mentor/ counselor has him enrolled in welding classes and even his aunt could tell reviewers that being a plumber was where he wanted to go. Everyone could also tell reviewers that his love was riding his BMX style bike. If he had a dream it was to race his bike in one of the many races held around the state. This too was expected to happen this coming summer.

In some of the cases, the written long-term view is not the same long-term view that the team is working on. The team members in the following case have different understandings and limited information.

The Long-Term View rated as substantially unacceptable. Many interviewees reported they have no understanding of the permanency plan nor of the design of services. Other interviewees reported differing ideas about where the permanency plan was going. The caseworker reports reunification as being the plan. The caseworker reports the father is in agreement and supports a plan for reunification. The grandmother (and caregiver) reports having little to no information as to where the case is going and has differing opinions about what should happen. There is no sense that the primary goal of reunification is achievable or would be enduring. This is due to several factors, including the issues that pertain to teaming and assessing. There is also a lack of progress by the father to show favorable outcomes. There is the issue of the federal charges of theft, which could result in the incarceration of the father and would put the plan of reunification on hold. It would not eliminate the father's chance to reunify but it would extend the case duration and would halt services to the father (unless services were available in prison). All these make the long-term view rating poor.

On other cases there were also comments indicating that the long-term view was not realistic and seemed to lack clarity and specificity. As the cases changed, the understanding of team members often was not the same regarding the long-term goals and placements.

Child and Family Planning Process

The region's score on the Child and Family Planning Process indicator rose from 83% last year to 87% this year. There were twenty acceptable cases that indicated good casework in the planning process. The following excerpt is an excellent example of a good individualized plan that adapted to changing situations and needs.

With the help of the team the caseworker has been excellent in the planning process. Through the use of monthly Youth In Custody Meetings, Child Family Team Meetings, monthly home visits by the caseworker, and other contacts, there has been a well - coordinated effort to meet the needs of this family. There has been a good flow from the child and family assessment to the plan. The plan shows a good match of services that are individualized to [target child's] personality, values, sensitivity to location of the services, and attention to the needs and wants of the family. The services have changed and adapted as needed to meet the changing situations and needs. Services that [target child] and his family need have been provided and made available. The team does their

best in assessing the pace and intensity level of the services to match [target child's] willingness and ability to utilize the services and resources at a particular moment in time.

In another case the plan was not individualized or updated as the case took a new direction. Team members did not have input in creating the plan and not all the needs of family members were addressed.

The Child and Family Plan have not been updated to reflect the change in direction that this case has taken. The needs, objectives, and steps outlined in the plan are all focused on [target child's] mother and her efforts to work a reunification plan in addition to significant emphasis on issues dealing with [target child's] older half-brother. In addition to needing to change the permanency goal, the plan does not really address the significant needs that [kin placement] have if she is to successfully parent [target child] and her brother as well as maintain some sort of relationship and contact with their mother. The team seems to identify [target child's] academic needs as one of the priority areas of this case, but her school teacher has not been adequately involved in the teaming and planning process.

Plan Implementation

Plan Implementation decreased slightly from 100% to a score of 96%. The region has consistently done well in this area. In the following example, implementing the plan is effectively meeting the teenage child's needs. The team adapts and coordinates programs to address the needs on the plan.

All team members are aware and believe in the plan that is being implemented for [target child]. The goal for [target child] is to help him understand his cycles and patterns of abusive behavior, and to help him recognize them and be able to change them. The team also wants to help [target child] be as functionally independent as possible. With that, the team is working on these goals in his therapy and in his residential setting. Since the programs are connected on the same campus, they are in constant communication with one another. This helps the team be able to adapt program needs to ensure that they are meeting [target child's] needs in the best way possible.

The following excerpt is from one of the cases that has taken a change of direction. The plan hasn't adapted to the direction DCFS is taking. The Long-Term View has changed and not all of the team members agree as to where the case is going; therefore, the plan is not being implemented as explained in this excerpt.

Plan implementation is unacceptable. There is a considerable amount of confusion about this case and the seemingly sudden change in agency direction. Although there is a strong array of services to meet this child and family's needs, strategies, supports and services are not consistently implemented and the Long-Term View has not been clearly communicated to all those involved.

Tracking and Adaptation

The tracking and adaptation indicator achieved a score of 78%, which is the same as last year's score. Tracking and adaptation reflects the team's efforts to monitor a case and respond to changes.

Many of the cases showed constant tracking and monitoring, and plans were adapted or services added as needed. The following case was opened for truancy, but as the case progressed additional concerns were discovered. The worker adapted the plan as needed, tracking not only the target child but the parent as well.

Tracking and adaptation is substantially acceptable in this case. The expectations of [target child] and the mom are clearly written in the plan and thoroughly tracked. The caseworker implements services and has made the court aware of any violations of court orders or any violations of service plan objectives. The Juvenile Probation Officer tracks [target child's] progress in school closely and she is required to submit grades and attendance each Friday to the court. Mom's participation in family drug court and felony drug court allows for regular monitoring and accountability regarding mom's compliance with sobriety, treatment, employment, relationships and other issues. The worker is quick to adapt the plan and include adults that are in the home and associating with the mom and her children to ensure that only safe and sober individuals are having contact with the family.

Another case is an example where lack of tracking is a key factor to many of the concerns in this case. Assessments were not used to track the progress of individuals in the case and there was not communication to track services being accessed as noted in this excerpt.

As mentioned previously, there are key pieces of the assessment missing for the team. The assessments from [Provider] are not being utilized by the team... There was no tracking of mother's transition home and her accessing aftercare for almost a month after her return. The counselor indicated that the caseworker was unaware that the mother had not started treatment until he called to schedule the last team meeting. This lack of tracking is the prime factor in the unacceptable areas in this case and has the potential for negative impacts on the family.

V. Recommendations for Practice Improvement

At the conclusion of the week of Qualitative Case Reviews, there is an opportunity for a conversation between the review team, Regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Because of the advancing state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

Practice Improvement Opportunities

During the exit conferences noted above, most of the examples of practice improvement opportunities fell within the indicators summarized below. These represent the three indicators that had the lowest scores on system performance. Long-term view has been below standards for several years. Child and Family Team/Coordination dropped to 65% and Child and Family Assessment dropped to 57%.

Child and Family Teaming and Coordination

- In some cases the team is not functioning as effectively as it could because there are concerns of confidentiality by some team members. There needs to be a release signed or other arrangements made so that community partners feel free to share important information with the team concerning the families and their needs.
- The workers need to be empowered to know that they have the role of facilitating the team. Some of the new workers feel “bullied.” Everyone on the team needs to understand his or her role.
- Relationships with community partners, especially the legal partners, could be improved. Ways to facilitate that need to be explored. In some cases it was felt that the judicial system is writing the plans and determining the assessments needed.
- Spend time creating the teams so that the ideas can be shared with the key players for the families. The teams need to always be evolving and changing if needed.
- Continue to have support staff part of the team and encourage them to know the Practice Model, interject ideas and help the team refocus.
- Use many opportunities to build relationships within the communities to improve the families. Stabilize relationships with the community partners with timely and realistic recommendations.
- When teaming isn’t happening, assessments are not being shared. Existing assessments are not being accessed and used, even when they are within the same building.
- Keep the focus on the family to avoid power struggles among team partners.
- Key partners needed for the focus of the case are missing from the team; this includes people such as school personnel, health team, therapist, and extended family.

Long-Term View

- Reviewers saw a need for long-term views that outlined transitions to exit the system and explained how to succeed independent of DCFS. The plans often lacked clarity and specificity. The lack of assessments was a factor.
- There is not a clear understanding of what the long-term view entails. The region would like to have a short document to use as a tool to simplify the expectations of the long-term view. Some workers would like examples of what a good long-term view is so they can read and study it.
- The long-term view needs to be reassessed regularly with the team members. Every time there is a new assessment, the long-term goals need to be readdressed.
- Sometimes what is written in the plan for long-term view is not what is happening. In some cases team members had different ideas of what the long-term view was.

Child and Family Assessments

- The lack of teaming and passing on of information has a negative impact on assessing. Informal assessments are not being shared and even some formal assessments with valuable pertinent information are not available to team members.
- There are limited resources and there is such an overload on existing resources that there are delays and the assessments are not in depth as needed.
- High worker turnover leads to high caseloads, which lead to superficial assessments.

The only marked decline was in Child and Family Assessment. The Eastern Region has developed an action plan to address these concerns. The plan details steps to improve the quality of assessments. The timeliness and regularity of Child and Family Team Meetings will be monitored in order to continually assess progress and changes in cases. Staff retention and caseload issues are also addressed in the plan. The action plan is posted on their DCFS website.

Recommendations

At the Exit Conference the Office of Service Review presented three areas that reviewers had identified as needing improvement (Long-term View, Child and Family Teaming and Assessments) and invited the region to comment on why they felt they were struggling with these areas and what might help performance improve. Members of the region staff had several comments about what they were seeing as challenges to improving practice around these indicators.

Supervisors are carrying high caseloads. There is no way to mentor or help new workers or workers with very difficult cases. Region members, different offices and staff members work together to mentor and strengthen each other, but there is no way to get done what is needed with the resources available at this time. Some workers feel like the State Administration does not understand the differences between the urban and rural areas, the cost of living, and the travel issues.

Training issues were addressed. The workers would like clear concise training on long-term view issues. Some workers would like a refresher on the Practice Model and would like to be able to use cases they are working on as models in the training.

There needs to be different criteria for hiring workers. They feel there are people in the community who could do a good job, but they cannot hire them with the testing requirements now in place. The region does not feel like the testing the State requires meets the needs for their region. The Eastern Region desperately needs workers.

There need to be incentive programs and ways to reward workers for doing more than what is required.

Summary

The Eastern region is unique in many ways. It is spread out from one end of the state to the other. These are rural communities with many limitations. There is a shortage of foster homes. There is a shortage of mental health resources. The workers drive long distances every day. Some workers don't have any clients living within the area they are working in. The culture of many towns has clients working 12-hour shifts so the workers have to be resourceful to meet the needs of the families while also meeting policy requirements. Many caseworkers work over a 40-hour workweek in order to do the job. There are high caseloads and many unfilled positions.

The cost of living is very high in many of these areas, and DCFS cannot compete with the community with comparative wages. Therefore, the worker turnover is very high (reportedly 44% in one area) and the offices are very understaffed.

The three indicators that were low are connected. One of the reasons assessment scores were low was because the child and family team wasn't working as effectively as it could. Informal assessments were not being shared, and formal assessments were only known to certain people on the team. Since the team wasn't sharing information, the long-term view was also not being assessed. Sometimes the team members had different opinions of what was happening and where they felt the case was headed. The team members could not always identify a key person on the team to contact when there were problems or changes.

The long-term view needs to identify what it will take for a family to live without DCFS in their life. The steps needed to reach that view need to be identified and may change as more information comes to light in a case. If assessments are continually updated, shared with the team, and used in the planning process to work toward the long-term view, the scores should improve.

The Eastern Region does an incredible job working with the families in their area. The different offices support each other and work to help each other meet the ongoing needs. The individual offices work together to mentor and strengthen each other. The support staff steps in to help with challenges as needed and also help to transport children. The workers deal with unique challenges in the rural areas. They have to think outside the box in order to do what is needed and expected of them. There are capable supervisors who don't have the time to supervise due to

their own caseloads, so others in the region mentor and help each other whenever they see a need.

With all of the issues this region faces, it is admirable and note worthy that 100% of the cases were acceptable on Child Safety and the overall score was 96% on Child Status. The scores increased in safety, appropriate placement, caregiver support and satisfaction. This is evidence of the region working to meet the needs of the children and families in the midst of many challenges.

APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

| | | |
|---------------------------|-------------------------|--------------|
| Protection | Development | Permanency |
| Cultural Responsiveness | Family Foundation | Partnerships |
| Organizational Competence | Treatment Professionals | |

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

| <u>Child and Family Status</u> | <u>System Performance</u> |
|---|-----------------------------------|
| Child Safety (x3) | Child/Family Participation (x2) |
| Stability (x2) | Team/Coordination (x2) |
| Appropriateness of Placement (x2) | Child and Family Assessment (x3) |
| Prospects for Permanence (x3) | Long-Term View (x2) |
| Health/Physical Well-Being (x3) | Child and Family Planning (x3) |
| Emotional/Behavioral Well-Being (x3) | Plan Implementation (x2) |
| Learning Progress (x2) OR, | Supports/Services (x2) |
| Learning/Developmental Progress (x2) | Successful Transitions (x1) |
| Caregiver Functioning (x2) | Effective Results (x2) |
| Family Functioning/Resourcefulness (x1) | Tracking Adaptation (x3) |
| Satisfaction (x1) | Caregiver Support (x1) |
| Overall Status | Overall System Performance |

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah’s child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.

